

# TAB 7

**Town of Lake Park Town Commission  
Agenda Request Form**

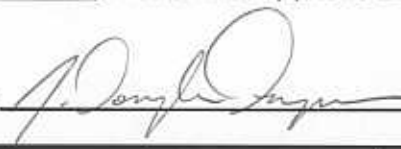
Meeting Date: September 17, 2003


Agenda Item No. 10

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| <input type="checkbox"/> PUBLIC HEARING<br><input type="checkbox"/> Ordinance on Second Reading<br><input type="checkbox"/> Public Hearing<br><br><input type="checkbox"/> ORDINANCE ON FIRST READING<br><br><input checked="" type="checkbox"/> GENERAL APPROVAL OF ITEM<br><br><input type="checkbox"/> Other: | <input type="checkbox"/> RESOLUTION<br><br><input checked="" type="checkbox"/> DISCUSSION<br><br><input type="checkbox"/> BID/RFP AWARD<br><br><input type="checkbox"/> CONSENT AGENDA |
|--|--|

**SUBJECT:** Employee Health and Dental Insurance Analysis and Recommendation

**RECOMMENDED MOTION/ACTION:** Motion to Approve Blue Cross Blue Shield, Alternate 1, Plan 15.

**Approved by Town Manager**  **Date:** 9/8/03

Originating Department: <b>Administrative Services</b>	Costs: \$295,236.84 Annual cost Funding Source:  Acct. #	
<b>Department Review:</b> <input type="checkbox"/> City Attorney <input type="checkbox"/> Community Affairs _____ <input type="checkbox"/> Community Development _____	<input type="checkbox"/> Finance _____ <input type="checkbox"/> Fire Department _____  <input type="checkbox"/> Library _____ <input type="checkbox"/> PBSO _____	<input checked="" type="checkbox"/> Personnel <u></u> <input type="checkbox"/> Public Works _____ <input type="checkbox"/> Town Clerk _____ <input type="checkbox"/> Town Manager _____
<b>Advertised:</b> Date: <u>N/A</u> Paper: _____ <input checked="" type="checkbox"/> Not Required	<b>Finance Director Approval:</b> N/A	<b>Attachments:</b> 1

**Summary Explanation/Background:**

Analysis and recommendation to be presented to the Town of Lake Park Commission by the Gehring Group.